proved to be a grain of corn or a bean, which the child evacuated per anum thirty-six hours after, so much altered as to be unrecognizable. A small portion of the husk of the same was brought away in the scoop of the director. It was lodged in the ventricle of the larynx, and was large enough to do much harm. The patient still breathed with great difficulty from the tumefaction of the mucous membrane, and as a precautionary measure it was thought best to keep the wound open for twenty-four hours. Small doses of calomel and tartar emetic were given every two hours, the trachea was moistened every few minutes with a few drops of glycerin and fumigations of acetic acid employed. In about thirty-six hours, finding that the patient was able to breathe through the larynx, I closed the wound in the trachea by some fine wire suture, and left the patient, directing quiet and confinement for a few days. In three weeks the wound was healed, excepting a small fistulous orifice in the trachea. By frequent applications of nitrate of silver this closed also. And the patient is now, three months after the operation, quite well.

We deem that enough has been said to show

1st. That the method proposed is far safer than the old plan; and,

2d. That it may be performed more rapidly and easily.

ART. VII.—*Case of Primary Pyæmia.* By JAMES BLAKE, M.D., F.R.C.S. San Francisco, California.

THE occurrence of cases of primary pyæmia is so rare, that I think the following instance of a most acute form of the disease is worth publishing. In most systematic works on medicine, the existence of such a form of disease is not noticed. Wunderlich, however, in the *Archiv. für physiologische Heilkunde*, for 1857, relates five cases that he had met with in his extensive practice. In only one instance, however, was the disease so rapidly fatal as in the following case, and even in that it was preceded by circumstances which were much more calculated to give rise to a vitiated state of the blood. As far as my knowledge of medical literature enables me to judge, the accompanying case is unique in the apparent absence of all those antecedents which have generally been regarded as essential to the development of the disease.

G. L., æt. 14, a strong, healthy boy; has always enjoyed good health, having even escaped up to the present time all the infantile, eruptive fevers and hooping cough, although frequently exposed to them. On July 23d, whilst playing, and on the ground, he received a kick in the thigh from one of his school-fellows. The kick caused him some pain, so that he sat down for about half an hour. He did not complain on returning home, and the next day he went to school as usual, walking a considerable distance; but on coming home in the evening he was lame, and complained

of his leg hurting him. At night he was rather restless and feverish. The next morning (the 25th), the leg was more painful, the thigh being swollen and red. There was a decided chill about 9 A. M., followed by fever and loss of appetite. The pain in the leg, swelling, and redness increased towards evening, and all night he was in a high fever, and frequently delirious.

I saw him for the first time on the morning of the 26th. I found the right thigh considerably swollen and red, the swelling extending from a little below the groin down to the knee, but most marked at about the junction of the upper and middle third. There was some hardness, and a feeling of elastic tension. Handling the part caused considerable pain, and there was great tenderness on pressure over a spot on the outside of the thigh, about three inches below the trochanter, the place where it was stated that he had been kicked. There was however no ecchymosis, nor anything except the increased pain, to indicate that this was the seat of the original injury. The movements of the hip could be performed passively without pain, nor was there any symptom of injury about the joint. The child complained only of violent headache and pain in the thigh. There was great thirst, and complete anorexia. The bowels had been freely opened by a saline purge. The skin was hot and dry; tongue white; pulse 120, full.

The diagnosis was, that there was inflammation going on beneath the fascia lata. I proposed an incision on the outside of the thigh, more with the view of relieving tension and preventing infiltration than in the expectation that pus had already formed. The parents wishing a second opinion, I met Dr. Dupuytren in consultation on the case in the afternoon, and his views coinciding with mine, an incision two and a half inches long was made down to the bone. Nothing escaped but some blood and serum. Tincture of veratrum viride and spirit mindereri was ordered to allay the fever, and morphia in full doses to procure sleep.

July 27. The child has passed a restless night, except when stupefied at short intervals by the morphia, of which as much as two grains have been taken. When awake he has been wildly delirious. Skin hot; pulse 110, full; great thirst; tongue coated white. Features express anxiety; skin of a dull, brownish-yellow colour. The thigh is rather more swollen, and pain is complained of in each lower extremity. Both ankles are rather swollen and look red. Small collections of pus are observed on each lower extremity. They seem to be directly beneath the epidermis, and vary in size from a pin's head to a pea; some are umbilicated. There are about twenty on each limb, situated mostly below the knee. In fact, there were none on the injured thigh, and but two or three on the other. None were found on the arms, face, or trunk.

In the evening the pulse was down to 90; some perspiration had taken place, but the patient was delirious nearly the whole time. Some egg and

brandy was ordered, and tinct. ferri sesquichlor. in twenty drop doses every three hours. One-third grain morphia was to be taken every hour until he slept. It was now evident that the symptoms were not owing to inflammation or abscess beneath the fascia lata, and as the patient rapidly became worse, the only conclusion that we could arrive at was, that it was a case of blood poisoning. The case was seen by Dr. Toland and two other physicians, and whilst the symptoms now clearly pointed out the nature of the disease, yet we could see no apparent cause for its proving so rapidly fatal. The patient died on the morning of the 30th, or five days after the appearance of the first symptoms.

Assisted by Dr. Staub, I made a partial examination of the body twelve hours after death, as we were only permitted to open the thorax and abdomen. On opening the thorax, the lungs collapsed but partially, as they were pretty generally affected by a sero-sanguinolent engorgement. On the surface of the lungs, and immediately beneath the pleura, were a number of small abscesses, and on cutting into them, small collections of pus were found throughout the whole of the pulmonary tissue. These abscesses were small, the largest not being larger than a small bean. On opening the pericardium it was found to contain about three ounces of serum, and some shreds of detached fibrin. The surface of the heart, as well as of the free surface of the pericardium, was rough. At the base of the heart, near the origin of the aorta, there was an appearance of ecchymosis in the muscular tissue, and on cutting into it an ill-defined purulent collection was found almost the size of a quarter of a dollar. The right cavities contained some decolorized fibrinous clots, which extended some distance into the pulmonary artery. The blood in the left cavities was dark and fluid, but some of it that was preserved for examination coagulated after a few hours. The lining membrane was healthy. The liver and spleen appeared normal; a careful examination failed to detect any purulent deposits in either of these organs, nor was the spleen at all softened. The kidneys presented on their surface a number of small collections of pus, analogous to those seen on the skin, and situated immediately under the capsule. There were about a dozen of these on the surface of each kidney, some of which were surrounded by an ecchymosed border. The substance of the kidneys was darker than natural, particularly the right, but no purulent collections were found except on the surface. The iliac veins of each side, and the lower part of the cava, were examined. There was no clot in either; but the lining membrane of the right iliac was not so smooth as that of the opposite side. A microscopical examination of the blood, taken from the left side of the heart, showed the corpuscles to be nearly all altered in shape; hardly one could be found with the natural, clear contour; they were mostly irregular, presenting generally a stellate form. The proportion of colourless corpuscles was rather larger than natural, and they were less transparent, presenting the appearance between normal colourless cor-

puscles, and pus globules. The microscope showed the urinary tubes loaded with pus globules and epithelium.

Such is the history of the case. There can be no doubt but that death was caused by pyæmia; but the rapidity of the disease in a previously healthy child, and the slightness of the apparent cause, are points which make it interesting. The child's general health was excellent; it had no illness for years, having escaped the eruptive fevers, and other children's diseases, although frequently exposed to them. And yet, under these circumstances, a slight bruise, so slight as hardly to leave a mark on the skin, sufficed to develop a disease which, in four days, had so far affected the system that pus was deposited on the internal organs and on the skin. A bruise was received on the 23d, at noon; no symptoms of importance showed themselves until the morning of the 25th, when there was a chill; and on the morning of the 27th, or forty-eight hours after the chill, purulent deposits were formed beneath the skin, and most likely on the internal organs. Death took place early on the 30th, or less than five days after the appearance of the first well marked symptoms. A most careful inquiry failed to connect the disease with any extraneous source of poisoning. The only antecedent that might be thought to have been connected with the appearance of the disease was, that two months previous to his illness the child had ridden into the water a horse that was said to have had sores on its body; but this was entirely accidental, as the child was not accustomed to be with horses. The eruption on the skin was analogous to that seen in cases of farcy; but the absence of any affection of the mucous membranes of the nose or throat—the length of time that had elapsed since exposure to the possible source of contagion—and the apparent connection of the disease with a local injury, lead to the conclusion that the case was one of primary pyæmia.

NOTE.—The fact of the child never having had any of the eruptive fevers of childhood might, perhaps, have acted as a predisposing cause for the disease.

ART. VIII.—*Ligation of the Subclavian of a Negro. Death of the Patient. With some Inquiries as to its Cause.* By RUFUS KING BROWNE, M. D., late Brigade Surgeon U. S. V., Surgeon in chief U. S. General Hospital, New Orleans.

A CASE of ligation of the subclavian in this hospital was recently reported by Dr. J. B. Muse, of this hospital. The patient afterwards died. At the time the report was read to me, I had no opportunity to express any opinion on the exciting cause of the death. No untoward or peculiar incidents up to the occurrence of the febrile rigor were consequent on the operation.